

ISSUE SLIT STAPLE AREA (for additional cross references)

P SITI N	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CB</i>	<i>68225</i>	<i>11/18/98</i>
O.I.P.E. CLASSIFIER		<i>1001</i>	<i>11/16/98</i>
FORMALITY REVIEW		<i>20121</i>	<i>4/21/99</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
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35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	Original
51	✓
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Claim	Date
Final	Original
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If more than 150 claims or 10 actions  
 staple additional sheet here

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